

Index of Claims



Application/Control No.

10/618,394

Examiner

Olga Asinovsky

Applicant(s)/Patent under Reexamination

BENING ET AL.

Art Unit

1711

| | |
|---|----------|
| ✓ | Rejected |
| = | Allowed |

| | |
|---|--------------------------------|
| — | (Through numeral) Cancelled |
| ÷ | Restricted |

| | |
|---|--------------|
| N | Non-Elected |
| I | Interference |

| | |
|---|----------|
| A | Appeal |
| O | Objected |

| Claim | | Date | | | |
|-------|----------|------|--|--|--|
| Final | Original | | | | |
| | 10/24/05 | | | | |
| | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| | 6 | | | | |
| | 7 | | | | |
| | 8 | | | | |
| | 9 | | | | |
| | 10 | | | | |
| 1 | 11 | = | | | |
| 2 | 12 | = | | | |
| 3 | 13 | = | | | |
| 4 | 14 | = | | | |
| 5 | 15 | = | | | |
| 6 | 16 | = | | | |
| 7 | 17 | = | | | |
| 8 | 18 | = | | | |
| | 19 | | | | |
| | 20 | | | | |
| | 21 | | | | |
| 9 | 22 | = | | | |
| 10 | 23 | = | | | |
| 11 | 24 | = | | | |
| 12 | 25 | = | | | |
| 13 | 26 | = | | | |
| 14 | 27 | = | | | |
| 15 | 28 | = | | | |
| 16 | 29 | = | | | |
| 17 | 30 | = | | | |
| 18 | 31 | = | | | |
| 19 | 32 | = | | | |
| 20 | 33 | = | | | |
| 21 | 34 | = | | | |
| | 35 | | | | |
| | 36 | | | | |
| | 37 | | | | |
| | 38 | | | | |
| | 39 | | | | |
| | 40 | | | | |
| | 41 | | | | |
| | 42 | | | | |
| | 43 | | | | |
| | 44 | | | | |
| | 45 | | | | |
| | 46 | | | | |
| | 47 | | | | |
| | 48 | | | | |
| | 49 | | | | |
| | 50 | | | | |

| Claim | | Date | | | |
|-------|----------|------|--|--|--|
| Final | Original | | | | |
| | 51 | | | | |
| | 52 | | | | |
| | 53 | | | | |
| | 54 | | | | |
| | 55 | | | | |
| | 56 | | | | |
| | 57 | | | | |
| | 58 | | | | |
| | 59 | | | | |
| | 60 | | | | |
| | 61 | | | | |
| | 62 | | | | |
| | 63 | | | | |
| | 64 | | | | |
| | 65 | | | | |
| | 66 | | | | |
| | 67 | | | | |
| | 68 | | | | |
| | 69 | | | | |
| | 70 | | | | |
| | 71 | | | | |
| | 72 | | | | |
| | 73 | | | | |
| | 74 | | | | |
| | 75 | | | | |
| | 76 | | | | |
| | 77 | | | | |
| | 78 | | | | |
| | 79 | | | | |
| | 80 | | | | |
| | 81 | | | | |
| | 82 | | | | |
| | 83 | | | | |
| | 84 | | | | |
| | 85 | | | | |
| | 86 | | | | |
| | 87 | | | | |
| | 88 | | | | |
| | 89 | | | | |
| | 90 | | | | |
| | 91 | | | | |
| | 92 | | | | |
| | 93 | | | | |
| | 94 | | | | |
| | 95 | | | | |
| | 96 | | | | |
| | 97 | | | | |
| | 98 | | | | |
| | 99 | | | | |
| | 100 | | | | |

| Claim | | Date | | | |
|-------|----------|------|--|--|--|
| Final | Original | | | | |
| | 101 | | | | |
| | 102 | | | | |
| | 103 | | | | |
| | 104 | | | | |
| | 105 | | | | |
| | 106 | | | | |
| | 107 | | | | |
| | 108 | | | | |
| | 109 | | | | |
| | 110 | | | | |
| | 111 | | | | |
| | 112 | | | | |
| | 113 | | | | |
| | 114 | | | | |
| | 115 | | | | |
| | 116 | | | | |
| | 117 | | | | |
| | 118 | | | | |
| | 119 | | | | |
| | 120 | | | | |
| | 121 | | | | |
| | 122 | | | | |
| | 123 | | | | |
| | 124 | | | | |
| | 125 | | | | |
| | 126 | | | | |
| | 127 | | | | |
| | 128 | | | | |
| | 129 | | | | |
| | 130 | | | | |
| | 131 | | | | |
| | 132 | | | | |
| | 133 | | | | |
| | 134 | | | | |
| | 135 | | | | |
| | 136 | | | | |
| | 137 | | | | |
| | 138 | | | | |
| | 139 | | | | |
| | 140 | | | | |
| | 141 | | | | |
| | 142 | | | | |
| | 143 | | | | |
| | 144 | | | | |
| | 145 | | | | |
| | 146 | | | | |
| | 147 | | | | |
| | 148 | | | | |
| | 149 | | | | |
| | 150 | | | | |